COMMUNICATIONS

LESSON OBJECTIVE

- Identify communication considerations for an Emergency Medical Technician-Basic.

OVERVIEW

- Communication Systems
- Verbal Communication
- Interpersonal Communication
- Other Communication Concerns

System Components

- Base Station - radio located at a stationary site such as hospital, mountain top, or public safety agency
- Mobile Two-Way Radios (transmitter/receivers)
  - Vehicular mounted device
  - Usually transmit at lower power than base stations (20-50 watts)
  - Range = 10-15 miles over average terrain

System Components (cont)

- Portable radios (transmitter/receivers)
  - Handheld device
  - Power output of 1-5 watts; limited range
- Repeater/Base Station
  - Receives transmission from low-power or other portable radio on a frequency and retransmits at higher power or different frequency

System Components (cont)

- Digital radio equipment
- Cellular telephones

Radio Communications

- Radio Frequencies - assigned and licensed by Federal Communication Commission (FCC).
- Response to the Scene
  - Notify dispatcher when call was received
  - Notify dispatcher of unit identification
  - Notify other agencies as appropriate
- Arrival at scene - must notify dispatcher!

Communication With Medical Direction

- Medical Direction may or may not be at receiving facility
- EMT-B's may have to contact medical direction
  - Consultation
  - Get orders for medication administration
- Transmissions should be organized, concise, and pertinent

Communication With Medical Direction (cont)

- Information must be accurate
- After receiving order, repeat it back word for word
- Unclear or apparently inappropriate orders should be questioned
- Communicate with receiving facilities
- EMT-B's provide information that allows hospitals to prepare for patient arrival

Patient Reporting Concepts

- Speaking on radio
  - On and properly adjusted volume
  - Ensure frequency is clear before speaking
  - After pressing “press to talk” button, wait one second before speaking
  - Lips about 2 to 3 inches from microphone
  - Address unit being called and then name of unit from where message originating

Speaking on Radio (cont)

- “Go ahead.”
- “Stand by.”
- Speak clearly & slowly; monotone voice
- Brief transmission; no longer than 30 seconds at a time
- Use clear text
- Avoid codes

Speaking on Radio (cont)

- No meaningless phrases; eg “Be advised.”
- Courtesy is assumed
- With potentially confusing numbers give number then individual digits
- DO NOT give patient’s name over the air
- Remain objective and impartial; EMT-B’s may be sued for slander
- Use “we” instead of “I”

Speaking on Radio (cont)

- DO NOT use profanity on the air
- Use “affirmative” and “negative”
- Standard format for transmission of info
- Use “over” when transmission finished. Get confirmation that message was received

Speaking on Radio (cont)

- Avoid “diagnosing” over the air
- Use EMS frequencies only
- Reduce background noise; close window

Patient Reporting Concepts (cont)

- Notify dispatcher of arrival to scene
- The verbal report
  - Identify unit and level of provider
  - Estimated time of arrival
  - Patient's age and sex
  - Chief complaint
  - Brief, pertinent history of present illness

The Verbal Report (cont)

- Major past illnesses
- Mental status
- Baseline vital signs
- Pertinent findings on physical exam
- Emergency medical care given
- Response to emergency medical care

Patient Reporting Concepts (cont)

- After giving information, continue assessing patient and attaining additional vital signs. Report these as deemed by local protocol. Report if patient deteriorates.

Patient Reporting Concepts (cont)

- Arrival at hospital
  - Must notify dispatcher
  - Hospital may also need to be notified
- Notify dispatcher upon leaving hospital and arriving home station

System Maintenance

- Periodic check by qualified technician
- Technological updates
- Back-up system

Verbal Communication

- Verbal report to staff upon arrival
  - Introduce patient by name, if known
  - Summarize information given over radio
    - Chief complaint
    - History not previously given
    - Additional treatment given en route
    - Additional vital signs taken en route
  - Additional information collected but not transmitted

Interpersonal Communications

- Make and keep eye contact with patient
- Position self at level lower than patient
- Be honest
- Use language patient can understand

Interpersonal Communications (cont)

- Be aware of body language
- Speak clearly, slowly and distinctly
- Use patient's proper name; ask what he/she wishes to be called

Interpersonal Communications (cont)

- Speak clearly with lips visible if patient has difficulty hearing
- Allow patient time to answer
- Act and speak in calm, confident manner

Other Communication Concerns

- Hearing impaired
- Non-English speaking populations
- Use of interpreters
- Elderly
  - Potential for visual deficit
  - Potential for auditory deficit

SUMMARY

- Communication Systems
- Verbal Communication
- Interpersonal Communication
- Other Communication Concerns